

**New Jersey Department of Health and Senior Services
Clinical Laboratory Improvement Service
PO Box 361
Trenton, NJ 08625-0361**

SCHOOL STREP PROFICIENCY TEST PROGRAM

An annual fee of \$100 is being assessed per testing site for schools enrolled in the State's DAT proficiency program, i.e., four (4) schools enrolled in the program requires a total annual fee of \$400.00 for the district.

The annual fee for the Culture/Bacitracin Disc proficiency testing surveys is \$250.00 per testing site.

The following should be completed for each school enrolling in the State's proficiency test program.

Name of School District _____

CLIA Certificate Number _____

Name of School _____

Address of School _____

City _____ State _____ Zip Code _____

Contact Person _____ Phone No. _____

Surveys Required (Check one): ☐ DAT or ☐ Culture

Shipping Address (if different from above):

Name of School _____

Address of School _____

City _____ State _____ Zip Code _____

Please forward checks for the proficiency test program to:

New Jersey Department of Health and Senior Services
Clinical Laboratory Improvement Service
PO Box 361
Trenton, NJ 08625-0361

FOR STATE USE ONLY			
Check No.	Amount \$	Check Date	Received By